

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90139 042 ***150.00

DOCUMENT # L54699

1. Entity Name
COLONIAL SQUARE SHOPPING CENTER INC.

Principal Place of Business		Mailing Address	
1620 MEDICAL LANE STE 148 FT. MYERS FL 33919 US		P.O. BOX 07478 FT MYERS FL 33919-0471 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0178448** Applied For Not Applied For

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00012309



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
O'REILLY, LAWRENCE 1620 MEDICAL LANE FT. MYERS FL 33907				Name			
				Street Address (P.O. Box Number is Not Acceptable) 4460 CAMINO REAL Way #2			
				City Fort Myers		State FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'REILLY, LAWRENCE P.			NAME			
STREET ADDRESS	1620 MEDICAL LN			STREET ADDRESS	8250 NW 136 AVE A6		
CITY-ST-ZIP	FT MYERS FL 33907			CITY-ST-ZIP	OCALA, FL 34482		
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'REILLY, LAWRENCE P			NAME			
STREET ADDRESS	1620 MEDICAL LN			STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33907			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **1-13-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #